



ANYTOWN™ Volunteer Application

Thank you for considering Community Tampa Bay™ as a place to donate your time and talents. Volunteers are vital to the success of the many programs we offer. Without you, we would not be able to meet the growing needs of the participants and the community. If you have any questions regarding the application process, please contact our office.

Community Tampa Bay™ does not discriminate on the basis of race, sex, color, ability, national origin, religion, creed, age, marital status, sexual orientation, citizenship, or authorized alien status, or veteran status.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any volunteer under the age of 18 must have parent consent and signature.

Name: _____ Soc. Sec.: _____
(First) (Middle) (Last)

Address: _____ City: _____
(Street)

State: _____ ZIP: _____ How long have you been at this address? _____

Home Phone (): _____ Business Phone (): _____

E-Mail Address: _____ Cell Phone: () _____

Demographic Information: please mark all the apply to you

_____ Female _____ Male

_____ White/ European American _____ Hispanic _____ Native-American _____ Multi-racial

_____ Black/African American _____ Asian/Pacific Islander _____ Other (Specify) _____

_____ Atheist _____ Buddhist _____ Christian _____ Hindu _____ Islam _____ Jewish _____ Non-denominational

_____ Other Religion (specify) _____

Are you 18 years of age or older? (Check One) _____ YES _____ NO Please list your birth date ____/____/____

Volunteer Position(s) Applying For:

_____ Programming (ANYTOWN™, Youth Conferences, etc.) _____ Community Relations (Events, Office, General Support, Public Relations)

Why would you like to volunteer? _____

Are there any particular skills, talents, or interests you would like to share? _____

What is your availability? _____

Have you previously participated in any Community Tampa Bay™ programs? _____

Employment History: *Please list your current or most recent employer. You may attach a current resume, if desired*

Name of Company/Organization: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: () _____ Dates Employed: _____ to _____ Job Title: _____

Name and Title of Immediate Supervisor: _____

Do you have a current driver's license? Yes _____ No _____ Do you have the use of a car? Yes _____ No _____

Education: *Please list the school and location, degree/diploma earned, if any, for the highest level of education achieved.*

School & Location: _____

Degree/Diploma Earned: _____

Health and Emergency Contact Information

Name: _____ Relationship to Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Work Phone: () _____ Cell Phone: () _____ Home phone: () _____

Do you have any existing health conditions? (Check One) _____ YES _____ NO

If yes, please describe: _____

Is there anything that will prevent you from performing the essential functions of the position for which you are applying, with or without reasonable accommodations? (Check One) _____ YES _____ NO

If yes, please explain: _____

References: *For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives or household members.*

Name: _____ Relationship to you: _____

Phone Number: () _____ E-Mail Address: _____

Name: _____ Relationship to you: _____

Phone Number: () _____ E-Mail Address: _____

Please Return the completed application with Signature page to:

Via Email:

Eric Vaughan
Program Director
Eric@communitytampabay.org

OR Via Mail

Community Tampa Bay
622 First Ave S. Suite #2
St. Petersburg Florida 33701